

Cancer

PROGRAMS

QUALITY PROGRAMS
of the AMERICAN COLLEGE
OF SURGEONS



AJCC

American Joint Committee on Cancer

Validating science. Improving patient care.

Lesson 7

Module I Quiz



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+ years



Questions

Question 1

1. Which of the following statements about AJCC TNM staging is true?
 - a. Used for patient care but not for research
 - b. Only used in the United States
 - c. Common language of cancer
 - d. Only used to assess prognosis

Question 2

2. Classifications are used for which of the following reasons?
- a. Differentiate between imaging diagnosis and tissue diagnosis
 - b. Describe point in time in patient care
 - c. Determine whether the appropriate treatment was chosen
 - d. Describe whether the surgery was curative or palliative

Question 3

3. Which of the following statements about categories is true?
- a. T, N, and M are the only categories
 - b. Only based on anatomical involvement
 - c. T is a category, but T2 is a value
 - d. Changed based on data and biological properties

Question 4

4. Stage groups are based on which of the following facts?
- a. Same patient prognosis regardless of different combinations
 - b. Cases split into groups on sliding scale of better to worse
 - c. Use Arabic numbers and not Roman numerals
 - d. Must have same N and M combinations in a group

Question 5

5. Which of the following statements are true about ambiguous terminology?
- a. Physicians taught terms in med school, use consistently
 - b. Jeopardizes communication with phy, accurate data collection
 - c. Physicians and non-physicians defines terms in same way
 - d. Only method for registrars to understand phy information



Answers

- **c. Common language of cancer**
- AJCC TNM staging is
 - Referred to as the common language of cancer
 - Used for patient care and research
 - Used worldwide and translated in different languages
 - Used to choose treatment and assess prognosis for patients

- **b. Describe point in time in patient care**
- **Classifications**
 - Defined for and describe different points in time in patient's care
 - At time of diagnosis
 - Specific burden of disease identified from diagnosis through resection
 - Response to neoadjuvant therapy
 - New treatment for progression or recurrence
 - Incidental finding at autopsy
 - Imaging and microscopic exam (tissue) both used in classifications
 - Clinical staging is used to select treatment, but not evaluate appropriateness
 - Pathological staging criteria includes type of resection needed to assign staging but not if it is curative or palliative

- **d. Changed based on data and biological properties**
- Categories
 - Physician expert panels recommend changes
 - Review data from cancer registries and specialty registries
 - Review new knowledge and research on biological properties
 - Review literature for studies and assessments
 - Represent every medical discipline and professional groups
 - Worldwide representation and involvement
 - T, N, and M are anatomic core categories, but some sites use additional ones, starting with 1st edition in 1977
 - Grade, lab values, and other biological properties predict prognosis regardless of anatomic involvement in some sites
 - T and T2 are both considered categories, T2 comprised of criteria and value would be size, etc., that make up the criteria

- **a. Same patient prognosis regardless of different combinations**
- Stage groups
 - Similar patient prognosis is the stage grouping principle
 - Consist of different category combinations
 - Combinations can vary widely
 - Statistically significant separation between stage groups
 - Combinations not split between stage groups on a sliding scale of better to worse, based on outcomes data analysis
 - Stage groups use Roman numerals: I, II, III, IV; distinguishes from the Arabic numbers used in the categories
 - Nodal status can vary in a category including N0 and N1, and metastatic status of M0 and M1 can be in the same group

- **b. Jeopardizes communication with phy, accurate data collection**
- Ambiguous terminology
 - Not recognized worldwide for all members of health care team
 - Jeopardizes communication between registrars and physicians
 - Jeopardizes accurate data collection if there are different meanings for the same terms
 - Impacts the value of registry data
 - Not part of medical school curriculum, and terms are not used consistently by all physicians worldwide
 - Health care team members are not all aware of registry definitions for these terms, do not use the words as registrars do
 - Registrars do not need this method of defining terms, capable of critical thinking to synthesize all information and understand